

24. Tuberculosis-Related Services

- a. Covered services shall be defined as those services listed in Section 13603 of the Omnibus Reconciliation Act of 1993 as being related to the treatment of those persons with a diagnosis of tuberculosis disease. In accordance with Section 13603, room and board are not a covered service for patients completing treatment under observation.

These services shall be prescribed by a physician and shall be part of a written plan of care approved by the Bureau of Tuberculosis Control of the Commission of Public Health.

Only tuberculosis-related services meeting all the following requirements shall be reimbursed by the program:

1. Covered services shall be directly and specifically related to a plan of care written by a physician and approved by the Bureau of Tuberculosis Control;
2. The services shall be of reasonable amount, duration and frequency and shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice;
3. Case management services for tuberculosis patients shall be prior authorized by the Bureau of Tuberculosis Control.

b. Documentation Requirements

- A. Documentation of tuberculosis-related services shall at a minimum:

1. Include the diagnosis and describe the clinical signs and symptoms of the patient's condition;
2. Include a complete and accurate description of the patient's clinical course and treatments;

JUN 23 1995

TN# 94-11 Approval Date _____ Effective Date 1/1/1995Supersedes TN# new

3. Document that a plan of care based specifically on a comprehensive assessment of the patient's needs has been developed for the patient and reviewed and approved by the Bureau of Tuberculosis Control of the Commission of Public Health;
4. Include a copy of the plan of care and the physician's orders;
5. Include all treatment rendered to the patient in accordance with the plan of care, providing information on the frequency, duration, modality and response, and identify who provided the care by full name and title;
6. Describe changes in the patient's condition in response to the services provided through the treatment plan; and,
7. Include the time frames necessary to complete the treatment and the patient's discharge destination.

Services provided to patients without an approved plan of care shall not be reimbursed.

- c. Service limitations. The following general requirements shall apply to all reimbursable tuberculosis-related services:
 - A. Patients must be under the care of a physician who is legally authorized to practice and who is acting under the scope of his/her license.
 - B. Services shall be furnished under a written plan of treatment that is established and reviewed periodically by a physician. The services or items for which reimbursement is sought must be necessary to carry out the plan of treatment and must be related to the patient's condition.
 - C. A physician's recertification of a plan shall be required periodically; shall be signed and dated by the physician who reviews the plan of treatment; shall indicate the continuing need for the service and estimate how long services will be needed; and, must be available when the plan of treatment is reviewed by the Medicaid program or its agent.

TN# 94-11 Approval Date JUN 23 1995 Effective Date 1/1/1995

Supersedes TN# new

- D. The physician's orders for services shall include the specific treatment to be provided and shall indicate the frequency and duration of services.
- E. Utilization review shall be conducted by the Medicaid program or its agent to determine whether services are appropriately provided and to ensure that the services are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and shall not be reimbursed, and services found not to be medically necessary as a result of utilization review shall not be reimbursed.

JUN 23 1995

TN# 94-11 Approval Date _____ Effective Date 1/1/95

Supersedes new